

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Kelly Ann Mohr

Art Unit 3737

Serial No. 10/722,973

Filed November 26, 2003

Confirmation No. 9045

For CARDIAC DISPLAY METHODS AND APPARATUS

Examiner James M. Kish

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Request for Continued Examination (3)

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) X Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u> X </u> first month	\$ 120.00	\$ 60.00
<u> </u> second month	\$ 460.00	\$ 230.00
<u> </u> third month	\$ 1,050.00	\$ 525.00
<u> </u> fourth month	\$ 1,640.00	\$ 820.00
<u> </u> fifth month	\$ 2,230.00	\$1,115.00

Fee: \$120.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

 An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$120.00

OR

- (b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL. RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL INDEP.		MINUS		=	x \$25.00 = \$		x \$50.00 = \$
		MINUS		=	x \$105.00 = \$		x \$210.00 = \$
—	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$185.00 = \$		+ \$370.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____
- ☒ Charge Deposit Account No. 01-2384 the sum of \$120.00.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

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